

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		73226.83
(b) Cash on Hand at Beginning of Reporting Period.....	76596.98	
(c) Total Receipts (from Line 19)	13490.00	35490.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	90086.98	108716.83
7. Total Disbursements (from Line 31).....	8288.17	26918.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	81798.81	81798.81
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12480.00	24780.00
(ii) Unitemized	1010.00	10710.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13490.00	35490.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	13490.00	35490.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	13490.00	35490.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13490.00	35490.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3450.00	11250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	4838.17	15668.02
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8288.17	26918.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8288.17	26918.02

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13490.00	35490.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13490.00	35490.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 38
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Maksim Barkinskiy
 Full Name (Last, First, Middle Initial)
 Mailing Address 4170 Bethesda Ave.
 #719
 City Bethesda State MD Zip Code 20814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Asso Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2011
Transaction ID : SA11AI.5824
 Amount of Each Receipt this Period 150.00
 Payroll deduction

B. Dr. Marc Beck
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Norris Run Court
 City Reisterstown State MD Zip Code 21136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2011
Transaction ID : SA11AI.5843
 Amount of Each Receipt this Period 150.00
 Payroll deduction

C. Dr. John Bunker
 Full Name (Last, First, Middle Initial)
 Mailing Address 15229 National Pike
 City Hagerstown State MD Zip Code 21740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2011
Transaction ID : SA11AI.5803
 Amount of Each Receipt this Period 150.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 38
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Donald Charney
Full Name (Last, First, Middle Initial)

Mailing Address 3707 Meadowhill Court

City Phoenix State MD Zip Code 21131

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2011

Transaction ID : SA11AI.5844

Amount of Each Receipt this Period
 150.00

Payroll deduction

B. Dr. Stayam Chary
Full Name (Last, First, Middle Initial)

Mailing Address 9 Alterwood Lane

City Owings Mill State MD Zip Code 21117

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2011

Transaction ID : SA11AI.5845

Amount of Each Receipt this Period
 150.00

Payroll deduction

C. Dr. Thomas Chau
Full Name (Last, First, Middle Initial)

Mailing Address 7204 Loch Edin Court

City Potomac State MD Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2011

Transaction ID : SA11AI.5858

Amount of Each Receipt this Period
 150.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 38
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Dwayne Chen
Full Name (Last, First, Middle Initial)

Mailing Address 11415 Commonwealth Drive
#204

City Rockville State MD Zip Code 20852

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
09 / 25 / 2011
Transaction ID : SA11AI.5861

Amount of Each Receipt this Period
150.00

Payroll deduction

B. Dr. Edward Chen
Full Name (Last, First, Middle Initial)

Mailing Address 10209 Fleming Avenue

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
09 / 25 / 2011
Transaction ID : SA11AI.5859

Amount of Each Receipt this Period
150.00

Payroll deduction

C. Dr. Jen Chen
Full Name (Last, First, Middle Initial)

Mailing Address 1104 Mill Ridge Road

City McLean State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
09 / 25 / 2011
Transaction ID : SA11AI.5860

Amount of Each Receipt this Period
150.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. William Chester
 Full Name (Last, First, Middle Initial)
 Mailing Address 5801 Nicholon Lane #1915
 City North Bethesda State MD Zip Code 20852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2011
Transaction ID : SA11AI.5862
 Amount of Each Receipt this Period 150.00
 Payroll deduction

B. Dr. Lincoln Coore
 Full Name (Last, First, Middle Initial)
 Mailing Address 4846 Lee Hollow Place
 City Ellicott City State MD Zip Code 21043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 25 / 2011
Transaction ID : SA11AI.5846
 Amount of Each Receipt this Period 225.00
 Payroll deduction

C. Dr. Melvin Coursey
 Full Name (Last, First, Middle Initial)
 Mailing Address 18720 Shremor Drive
 City Derwood State MD Zip Code 20855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2011
Transaction ID : SA11AI.5863
 Amount of Each Receipt this Period 150.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 38
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Lauren Deloach
Full Name (Last, First, Middle Initial)

Mailing Address 15114 Pepperridge Drive

City Bowie State MD Zip Code 20721

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **09 / 25 / 2011**

Transaction ID : SA11AI.5789

Amount of Each Receipt this Period **150.00**

Payroll deduction

B. Dr. Karen Dugan
Full Name (Last, First, Middle Initial)

Mailing Address 4107 Vickie Lynn Court

City Mt. Airy State MD Zip Code 21771

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **09 / 25 / 2011**

Transaction ID : SA11AI.5804

Amount of Each Receipt this Period **150.00**

Payroll deduction

C. Dr. Ali Emehosseini
Full Name (Last, First, Middle Initial)

Mailing Address 306 Prettyman Dr. Apt. 8409

City Rockville State MD Zip Code 20850

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Asso Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **09 / 25 / 2011**

Transaction ID : SA11AI.5864

Amount of Each Receipt this Period **150.00**

Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Todd Epstein
Full Name (Last, First, Middle Initial)

Mailing Address 11305 Struttman Terrace

City North Bethesda State MD Zip Code 20852

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2011
Transaction ID : SA11AI.5829

Amount of Each Receipt this Period 150.00

Payroll deduction

B. Dr. Richard Evans
Full Name (Last, First, Middle Initial)

Mailing Address 6436 West Langley Lane

City McLean State VA Zip Code 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Asso Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2011
Transaction ID : SA11AI.5825

Amount of Each Receipt this Period 150.00

Payroll deduction

C. Dr. Philip Ferklar
Full Name (Last, First, Middle Initial)

Mailing Address 4107 Vickie Lynn Court

City Mt. Airy State MD Zip Code 21771

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 25 / 2011
Transaction ID : SA11AI.5806

Amount of Each Receipt this Period 90.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 390.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 38
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Tamara Gabrielli
Full Name (Last, First, Middle Initial)
Mailing Address 504 Reserve Champion Drive
City Rockvillem State MD Zip Code 20850
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 25 / 2011**
Transaction ID : SA11AI.5807
Amount of Each Receipt this Period **150.00**
Payroll deduction

B. Thomas Gambon
Full Name (Last, First, Middle Initial)
Mailing Address 7700 Charleston Dr.
City Bethesda State MD Zip Code 20817
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Asso Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 25 / 2011**
Transaction ID : SA11AI.5808
Amount of Each Receipt this Period **150.00**
Payroll deduction

C. Dr. James Glass
Full Name (Last, First, Middle Initial)
Mailing Address 1441 Rhode Island Ave., N.W. #410
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Asso Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 25 / 2011**
Transaction ID : SA11AI.5826
Amount of Each Receipt this Period **150.00**
Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... **450.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Steven Grube
 Full Name (Last, First, Middle Initial)
 Mailing Address 13895 Foxtower Road
 City State Zip Code
 Thurmont MD 21788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 09 / 25 / 2011
Transaction ID : SA11AI.5809
 Amount of Each Receipt this Period
 150.00
 Payroll deduction

B. Dr. Keith Hairston
 Full Name (Last, First, Middle Initial)
 Mailing Address 12312 Highstakes Drive
 City State Zip Code
 Reisterstown MD 21136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 09 / 25 / 2011
Transaction ID : SA11AI.5848
 Amount of Each Receipt this Period
 150.00
 Payroll deduction

C. Dr. Glen Hessinger
 Full Name (Last, First, Middle Initial)
 Mailing Address 8101 Ruston Crossing Road
 City State Zip Code
 Towson MD 21204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 09 / 25 / 2011
Transaction ID : SA11AI.5849
 Amount of Each Receipt this Period
 150.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Jean-Max Hogarth
 Full Name (Last, First, Middle Initial)
 Mailing Address 1614 Randallwood Court
 City Jarrettsville State MD Zip Code 21084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 25 / 2011**
Transaction ID : SA11AI.5850
 Amount of Each Receipt this Period **150.00**
 Payroll deduction

B. Dr. Sung Hong
 Full Name (Last, First, Middle Initial)
 Mailing Address 8525 Huntspring Drive
 City Lutherville State MD Zip Code 21093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 25 / 2011**
Transaction ID : SA11AI.5794
 Amount of Each Receipt this Period **150.00**
 Payroll deduction

C. Dr. Steven Hopper
 Full Name (Last, First, Middle Initial)
 Mailing Address 4550 N. Park Avenue #101
 City Chevy Chase State MD Zip Code 20815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 25 / 2011**
Transaction ID : SA11AI.5831
 Amount of Each Receipt this Period **150.00**
 Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Stuart Hough
 Full Name (Last, First, Middle Initial)
 Mailing Address 9110 Travener Circle
 City State Zip Code
 Frederick MD 21704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2011
Transaction ID : SA11AI.5865
 Amount of Each Receipt this Period
 225.00
 Payroll deduction

B. Dr. Sean Isaac
 Full Name (Last, First, Middle Initial)
 Mailing Address 920 Newington Ave.
 City State Zip Code
 Baltimore MD 21217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Asso physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2011
Transaction ID : SA11AI.5851
 Amount of Each Receipt this Period
 150.00
 Payroll deduction

C. Dr. David Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5506 Bootjack Drive
 City State Zip Code
 Frederick MD 21702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2011
Transaction ID : SA11AI.5811
 Amount of Each Receipt this Period
 150.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	525.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. James Kaufman
Full Name (Last, First, Middle Initial)

Mailing Address 7514 Arrowwood Road

City Bethesda State MD Zip Code 20817

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
09 / 25 / 2011
Transaction ID : SA11AI.5832

Amount of Each Receipt this Period 150.00

Payroll deduction

B. Dr. Cynthia Kenol
Full Name (Last, First, Middle Initial)

Mailing Address 6579 Prestwick Drive

City Highland State MD Zip Code 20777

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
09 / 25 / 2011
Transaction ID : SA11AI.5812

Amount of Each Receipt this Period 150.00

Payroll deduction

C. Dr. Del Kirkpatrick
Full Name (Last, First, Middle Initial)

Mailing Address 3004 Hollow Crest Place

City Brookeville State MD Zip Code 20833

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Asso Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
09 / 25 / 2011
Transaction ID : SA11AI.5866

Amount of Each Receipt this Period 150.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Richard Ko
 Full Name (Last, First, Middle Initial)
 Mailing Address 4101 Hunt Road
 City State Zip Code
 Fairfax VA 22032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 09 / 25 / 2011
Transaction ID : SA11AI.5867
 Amount of Each Receipt this Period
 150.00
 Payroll deduction

B. Dr. Harkisan Laheri
 Full Name (Last, First, Middle Initial)
 Mailing Address 11722 Split Tree Circle
 City State Zip Code
 Potomac MD 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 09 / 25 / 2011
Transaction ID : SA11AI.5868
 Amount of Each Receipt this Period
 150.00
 Payroll deduction

C. Dr. Kathleen Leavitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 3467 North Venice Street
 City State Zip Code
 Arlington VA 22207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 09 / 25 / 2011
Transaction ID : SA11AI.5833
 Amount of Each Receipt this Period
 150.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 38
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Thomas Malone
Full Name (Last, First, Middle Initial)
Mailing Address 11667 Fairmont Place

City Ijamsville	State MD	Zip Code 21754
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2011

Transaction ID : SA11AI.5813

Amount of Each Receipt this Period

225.00

Payroll deduction

B. Dr. Mollyann March
Full Name (Last, First, Middle Initial)
Mailing Address 6504 Greentree Road

City Bethesda	State MD	Zip Code 20817
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2011

Transaction ID : SA11AI.5795

Amount of Each Receipt this Period

225.00

Payroll deduction

C. Dr. Stephen Martin
Full Name (Last, First, Middle Initial)
Mailing Address 3336 O Street, NW

City Washington	State DC	Zip Code 20007
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2011

Transaction ID : SA11AI.5869

Amount of Each Receipt this Period

150.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 38
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Thomas Munro
Full Name (Last, First, Middle Initial)

Mailing Address 311 Alderwood Dr.

City Gaithersburg State MD Zip Code 20878

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Asso Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **09 / 25 / 2011**

Transaction ID : SA11AI.5814

Amount of Each Receipt this Period **225.00**

Payroll deduction

B. Dr. Anna Noriega-Nalls
Full Name (Last, First, Middle Initial)

Mailing Address 603 Queen Street #4

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **09 / 25 / 2011**

Transaction ID : SA11AI.5870

Amount of Each Receipt this Period **300.00**

Payroll deduction

C. Dr. Denis O'Fallon
Full Name (Last, First, Middle Initial)

Mailing Address 12123 Merricks Court

City Monrovia State MD Zip Code 21770

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **09 / 25 / 2011**

Transaction ID : SA11AI.5815

Amount of Each Receipt this Period **150.00**

Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	675.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Philip Owens
 Full Name (Last, First, Middle Initial)
 Mailing Address 141 Adams Street, NW
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2011
Transaction ID : SA11AI.5871
 Amount of Each Receipt this Period 150.00
 Payroll deduction

B. Dr. Kent Ozkum
 Full Name (Last, First, Middle Initial)
 Mailing Address 10720 Dern Road
 City Emmisburg State MD Zip Code 21727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Asso Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2011
Transaction ID : SA11AI.5816
 Amount of Each Receipt this Period 150.00
 Payroll deduction

C. Dr. Paul Park
 Full Name (Last, First, Middle Initial)
 Mailing Address 821 Oak Knoll Terrace
 City Rockville State MD Zip Code 20850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2011
Transaction ID : SA11AI.5872
 Amount of Each Receipt this Period 150.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 38
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Kestutis Pauliukonis
Full Name (Last, First, Middle Initial)

Mailing Address 1813 Solitaire Lane

City McLean State VA Zip Code 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 09 / 25 / 2011
Transaction ID : SA11AI.5873

Amount of Each Receipt this Period
150.00

Payroll deduction

B. Dr. Michael Peck
Full Name (Last, First, Middle Initial)

Mailing Address 4 Farm Haven Court

City Rockville State MD Zip Code 20852

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 09 / 25 / 2011
Transaction ID : SA11AI.5834

Amount of Each Receipt this Period
225.00

Payroll deduction

C. Dr. Ramani Peruvemba
Full Name (Last, First, Middle Initial)

Mailing Address 8400 Tysons Trace Court

City Vienna State VA Zip Code 22182

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 09 / 25 / 2011
Transaction ID : SA11AI.5874

Amount of Each Receipt this Period
150.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	525.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 38
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Dr. Eugen Pirovic		Date of Receipt MM / DD / YYYY 09 / 25 / 2011 Transaction ID : SA11AI.5835
Mailing Address 3912 Calverton Drive		Amount of Each Receipt this Period 150.00
City Hyattsville	State MD	Zip Code 20782
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey Richman		Date of Receipt MM / DD / YYYY 09 / 25 / 2011 Transaction ID : SA11AI.5852
Mailing Address 6906 Granite Ridge Ct.		Amount of Each Receipt this Period 150.00
City Baltimore	State MD	Zip Code 21209
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer First Colonies Anesthesia Asso	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Dr. Charles Rizzuto		Date of Receipt MM / DD / YYYY 09 / 25 / 2011 Transaction ID : SA11AI.5853
Mailing Address 6409 Pinehurst Road		Amount of Each Receipt this Period 150.00
City Baltimore	State MD	Zip Code 21212
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer First Colonis Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Timothy Robinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2212 Dalewood Road
 City Timonium State MD Zip Code 21093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2011
Transaction ID : SA11AI.5854
 Amount of Each Receipt this Period 150.00
 Payroll deduction

B. Dr. Jeremy Roth
 Full Name (Last, First, Middle Initial)
 Mailing Address 913 Hillstead Drive
 City Lutherville State MD Zip Code 21093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 25 / 2011
Transaction ID : SA11AI.5796
 Amount of Each Receipt this Period 90.00
 Payroll deduction

C. Dr. Alexander Rubin
 Full Name (Last, First, Middle Initial)
 Mailing Address 6611 Hunter Trail Way
 City Frederick State MD Zip Code 21702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2011
Transaction ID : SA11AI.5817
 Amount of Each Receipt this Period 150.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	390.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 38
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Suzanne Scattergood
Full Name (Last, First, Middle Initial)

Mailing Address 14700 Crossway Road

City Rockville	State MD	Zip Code 20853
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FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2011

Transaction ID : SA11AI.5818

Amount of Each Receipt this Period

300.00

Payroll deduction

B. Dr. Gerald Scheinman
Full Name (Last, First, Middle Initial)

Mailing Address 8010 Summer Mill Court

City Bethesda	State MD	Zip Code 20817
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2011

Transaction ID : SA11AI.5875

Amount of Each Receipt this Period

150.00

Payroll deduction

C. Dr. Mark Seymour
Full Name (Last, First, Middle Initial)

Mailing Address 2932 Thurston Rd.

City Frederick	State MD	Zip Code 21704
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FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesai Asso	Occupation physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2011

Transaction ID : SA11AI.5819

Amount of Each Receipt this Period

150.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Nader Soliman
Full Name (Last, First, Middle Initial)

Mailing Address 22905 David Mill Road

City Germantown State MD Zip Code 20876

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2011
Transaction ID : SA11AI.5876

Amount of Each Receipt this Period
150.00

Payroll deduction

B. Dr. Robert Study
Full Name (Last, First, Middle Initial)

Mailing Address 6 Beall Spring Court

City Potomac State MD Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2011
Transaction ID : SA11AI.5836

Amount of Each Receipt this Period
150.00

Payroll deduction

C. Dr. Lisa Sullivan
Full Name (Last, First, Middle Initial)

Mailing Address 2454 Five Schillings Road

City Frederick State MD Zip Code 21701

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2011
Transaction ID : SA11AI.5820

Amount of Each Receipt this Period
150.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 38
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Robert Sullivan
Full Name (Last, First, Middle Initial)

Mailing Address 2454 Five Schillings Road

City Frederick	State MD	Zip Code 21701
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2011

Transaction ID : SA11AI.5821

Amount of Each Receipt this Period

150.00

Payroll deduction

B. Dr. Louis Swann
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6081

City McLean	State VA	Zip Code 22106
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2011

Transaction ID : SA11AI.5837

Amount of Each Receipt this Period

150.00

Payroll deduction

C. Dr. John Tam
Full Name (Last, First, Middle Initial)

Mailing Address 10905 Cripplegate Road

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2011

Transaction ID : SA11AI.5877

Amount of Each Receipt this Period

150.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 38
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Dr. Rojack Tan		Date of Receipt MM / DD / YYYY 09 / 25 / 2011 Transaction ID : SA11AI.5838
Mailing Address 507 Goodland Place		Amount of Each Receipt this Period 150.00
City Rockville	State MD	Zip Code 20850
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Dr. Bernard Tsai		Date of Receipt MM / DD / YYYY 09 / 25 / 2011 Transaction ID : SA11AI.5878
Mailing Address 10013 New London Drive		Amount of Each Receipt this Period 150.00
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Dr. Reed Underwood		Date of Receipt MM / DD / YYYY 09 / 25 / 2011 Transaction ID : SA11AI.5828
Mailing Address 1518 T Street, NW		Amount of Each Receipt this Period 150.00
City Washington	State DC	Zip Code 20009
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer First Colonies Anesthesia Asso	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 38
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Arnaldo Valedon
Full Name (Last, First, Middle Initial)

Mailing Address 22 Woodfield Court

City Reisterstown State MD Zip Code 21136

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 09 / 25 / 2011
Transaction ID : SA11AI.5798

Amount of Each Receipt this Period
150.00

Payroll deduction

B. Dr. Martha Van Clief
Full Name (Last, First, Middle Initial)

Mailing Address 405 Apple Grove Road

City Silver Spring State MD Zip Code 20904

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 09 / 25 / 2011
Transaction ID : SA11AI.5799

Amount of Each Receipt this Period
150.00

Payroll deduction

C. Dr. Paul Van Nice
Full Name (Last, First, Middle Initial)

Mailing Address 71401 Meadow Lane

City Chevy Chase State MD Zip Code 20815

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 09 / 25 / 2011
Transaction ID : SA11AI.5879

Amount of Each Receipt this Period
150.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Mark Vogt
Full Name (Last, First, Middle Initial)

Mailing Address 1149 Colonial Road

City McLean State VA Zip Code 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2011
Transaction ID : SA11AI.5840

Amount of Each Receipt this Period
150.00

Payroll deduction

B. Dr. Christopher Wahlgren
Full Name (Last, First, Middle Initial)

Mailing Address 1200 Colvin Meadows Lane

City Great Falls State VA Zip Code 22066

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2011
Transaction ID : SA11AI.5880

Amount of Each Receipt this Period
150.00

Payroll deduction

C. Dr. Timothy Wex
Full Name (Last, First, Middle Initial)

Mailing Address 11429 Cedar Ridge Drive

City Potomac State VA Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2011
Transaction ID : SA11AI.5841

Amount of Each Receipt this Period
150.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. David Wheeler
 Full Name (Last, First, Middle Initial)
 Mailing Address 7108 Collingwood Court
 City State Zip Code
 Elkridge MD 21075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 09 / 25 / 2011
Transaction ID : SA11AI.5855
 Amount of Each Receipt this Period
 150.00
 Payroll deduction

B. Dr. Thomas Wherry
 Full Name (Last, First, Middle Initial)
 Mailing Address 611 W. 2nd Street
 City State Zip Code
 Frederick MD 21701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 09 / 25 / 2011
Transaction ID : SA11AI.5800
 Amount of Each Receipt this Period
 150.00
 Payroll deduction

C. Dr. Howard Wilpon
 Full Name (Last, First, Middle Initial)
 Mailing Address 18212 Wickham Road
 City State Zip Code
 Olney MD 20832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 09 / 25 / 2011
Transaction ID : SA11AI.5801
 Amount of Each Receipt this Period
 150.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Dr. Monfold Wolf

Mailing Address 4822 Tilly Dr.

City State Zip Code
 Sykesville MD 21784

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 First Colonies Anesthesia Asso Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 09 / 25 / 2011
Transaction ID : SA11AI.5802

Amount of Each Receipt this Period
 150.00

Payroll deduction

Full Name (Last, First, Middle Initial)
B. You Wu

Mailing Address 910 Dunlavin Ct.

City State Zip Code
 Timonium MD 21093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 First Colonies Anesthesia Asso Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 09 / 25 / 2011
Transaction ID : SA11AI.5856

Amount of Each Receipt this Period
 150.00

Payroll deduction

Full Name (Last, First, Middle Initial)
C. Dr. Aiqin Yu

Mailing Address 13508 Gumspring Road

City State Zip Code
 Rockville MD 20850

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 First Colonies Anesthesia Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 09 / 25 / 2011
Transaction ID : SA11AI.5881

Amount of Each Receipt this Period
 150.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 38
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Jungim Yun

Mailing Address 2057 Thurston Road

City State Zip Code
Frederick MD 21704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2011

Transaction ID : SA11AI.5823

Amount of Each Receipt this Period
150.00

Payroll deduction

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	12480.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Citizens for Dan Morhaim

Mailing Address 8 Park Center Court

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	21	/	2011

Transaction ID : SB23.5775

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Committee to Elect Bobby Zirkin

Mailing Address 10995 Owings Mill Blvd., Suite 220

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2011

Transaction ID : SB23.5759

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Committee to Elect Eric Bromwell

Mailing Address 1 Minte Drive

City Baltimore State MD Zip Code 21236

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: MD District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	12	/	2011

Transaction ID : SB23.5769

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

1250.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends of Big Ed Reilly

Mailing Address 1749 Urby Drive

City Crofton State MD Zip Code 21114

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: MD District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	1

Transaction ID : SB23.5777

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Friends of JB Jennings

Mailing Address 6 Bladen St.
Room 326

City Annapolis State MD Zip Code 21401

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	1	1

Transaction ID : SB23.5762

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Friends of Kathy Klausmeier

Mailing Address 4100 Walter Ave.

City Baltimore State MD Zip Code 21236

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: MD District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	1

Transaction ID : SB23.5766

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends of Kirill Reznik

Mailing Address 18469 Stone Hollow Dr.

City State Zip Code
Germantown MD 20874

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2011

Transaction ID : SB23.5761

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Friends of Robert Gargiola

Mailing Address 11 Balden Street
Room 104

City State Zip Code
Annapolis MD 21401

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: MD District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2011

Transaction ID : SB23.5768

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. People for Pendergrass

Mailing Address PO Box 6711

City State Zip Code
Columbia MD 21045

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: MD District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2011

Transaction ID : SB23.5765

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Supports of Thomas Middleton

Mailing Address 11 Bladen Street

City Annapolis State MD Zip Code 21401

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: MD District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2011

Transaction ID : SB23.5767

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

500.00

3450.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Barbara Marx Brocato & Associates

Mailing Address 18 Pinkney Street

City Annapolis State MD Zip Code 21401

Purpose of Disbursement
Lobbying fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2011

Transaction ID : SB29.5772

Amount of Each Disbursement this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Barbara Marx Brocato & Associates

Mailing Address 18 Pinkney Street

City Annapolis State MD Zip Code 21401

Purpose of Disbursement
Lobbying fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2011

Transaction ID : SB29.5785

Amount of Each Disbursement this Period

1250.00

Full Name (Last, First, Middle Initial)

C. Friends of Anthony G. Brown

Mailing Address 100 State Circle

City Annapolis State MD Zip Code 21401

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: MD District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2011

Transaction ID : SB29.5781

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2750.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PB Dye Golf Management

Mailing Address 9526 Doctor Perry Road

City ljamsville State MD Zip Code 21754

Purpose of Disbursement
Dinner meeting expenses

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

09 / 21 / 2011

Transaction ID : SB29.5786

Amount of Each Disbursement this Period

1682.20

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1682.20

4432.20